

# Survey of Occupational Injuries and Illnesses, 1999



U.S. Department of Labor  
Bureau of Labor Statistics

Read our letter for important information

Please correct Your Company Address

**N**

We estimate it will take you an average of 1 hour to complete this survey (ranging from 30 minutes to 4 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Health and Safety Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics and the State agency collecting this information will use the information you provide for statistical purposes only. To the full extent permitted by law, this information will be held in confidence and will not be disclosed without the written consent of your establishment.

OMB No. 1220-0045  
Approval expires 09-30-00  
BLS-9300 N06

## Dear Employer:

The U.S. Bureau of Labor Statistics is surveying employers about occupational injuries and illnesses. We are asking for the totals from your 1999 *Log and Summary of Occupational Injuries and Illnesses*, as well as for information about hours worked and employment at your establishment. We are also asking for details about the worker and the circumstances of injuries or illnesses that involved days away from work. We will keep the information that you give us confidential and use it only for statistical purposes. If you need help in completing our survey form or if you have questions, call the phone number listed for your State in the back of this package.

Your participation in this survey is mandatory under Public Law 91-596. We recognize, however, that responding to our questions may be time consuming for some employers. We have made every effort to reduce the amount of time required wherever we could and still collect the necessary information.

Thank you for helping us collect accurate information and for participating in the effort to make America's workplaces safer and healthier.

Bureau of Labor Statistics  
U.S. Department of Labor

## Who must complete this survey?

- ▶ Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no occupational injuries and illnesses during 1999.
- ▶ If your establishment had no occupational injuries and illnesses, you will need to fill out only part of the survey. The instructions will tell you when you are finished.
- ▶ If you recently received a request by the **Occupational Safety and Health Administration (OSHA)** for information similar to the data we are collecting in *Part 1: Summary of 1999 Occupational Injuries and Illnesses*, you may attach a copy of the OSHA form instead of completing Part 1 of this package. Follow instructions under Part 1.

## What else do you need?

- ▶ Employment average and hours worked at the establishment(s) noted on the cover under **Reporting Site**
- ▶ Information from your 1999 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200)
- ▶ Details from your supplemental records of cases with days away from work

If you are NOT normally required to keep these records . . .

you should have received a copy of the *Log and Summary of Occupational Injuries and Illnesses* to use for this survey. We sent it in a blue booklet in early 1999. If you did not receive this form, go to **If You Need Help . . .** at the back of this package and call the phone number listed for your State.

## What do you need to do?

- ▶ Check the information printed on the cover under **Your Company Address**. Make any corrections necessary.
- ▶ Complete this survey **only** for the establishment(s) noted on the cover under **Reporting Site**.
- ▶ Fill out **Part 1: Summary of 1999 Occupational Injuries and Illnesses**.
- ▶ If your establishment had any occupational injuries or illnesses with days away from work in 1999, follow the instructions to complete **Part 2: Reporting Cases with Days Away from Work**.
- ▶ On the back cover, fill in the name of the person we should call with questions and sign the form.
- ▶ Return the **entire package** — everything that we sent you — in the enclosed envelope within 30 days of the date your establishment received it.

## Part 1: Summary of 1999 Occupational Injuries and Illnesses

All establishments must complete this part of the survey, even if there were no occupational injuries and illnesses during 1999. This form tells us about the number of employees in your establishment and the number of hours they worked. It also gives us a summary of any occupational injuries and illnesses that did occur during 1999.

If you have already provided the **Occupational Safety and Health Administration (OSHA)** with this information, you may attach a copy of their form instead of completing Part 1. If you choose to attach the OSHA form, go to **What's Next**.

To answer the questions below, you'll need

- ▶ information about employment and hours worked from your payroll, and
- ▶ your completed copy of the 1999 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200).

### Tell us about your establishment's employees and the hours they worked

Be sure the information you supply refers **only** to the establishment(s) noted on the cover under **Reporting Site**.

1. What is the average number of employees who worked for your establishment during 1999?

If this number isn't available, you can estimate it this way:

*Employment average*

- ▶ **Add** together the number of employees your establishment paid in every pay period during 1999. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
- ▶ **Divide** that answer by the number of pay periods your establishment had in 1999. Be sure to include any pay periods when you had no employees.
- ▶ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Employment average*.

#### Example

Acme Construction pays its employees 26 times each year. During 1999,

in this pay period	Acme paid this many employees
1 .....	10
2 .....	0
3 .....	15
4 .....	30
5 .....	40
↓ .....	↓
24 .....	20
25 .....	15
26 .....	10
	830 (sum)

Because Acme has 26 pay periods, it would divide its sum by 26.

$830 \text{ divided by } 26 = 31.92$

Acme would round 31.92 to 32 and write that number in the blank marked *Employment average*.

2. How many hours did your employees (salaried as well as hourly employees) actually work during 1999?

Do **not** include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

*Total hours worked*

If this number isn't available, you can use this worksheet to estimate it.

#### Optional Worksheet

\_\_\_\_\_ Find the number of full-time employees in your establishment for 1999.

x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.

\_\_\_\_\_ This is the number of full-time hours worked.

+ \_\_\_\_\_ Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).

\_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked*.



3. Put an X in the box next to all the conditions that might have affected your answers to #1 and #2.

- |   |   |
|---|---|
| <input type="checkbox"/> Nothing unusual happened | <input type="checkbox"/> Natural disaster or adverse weather conditions         |
| <input type="checkbox"/> Strike or lockout        | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Shutdown or layoff       | <input type="checkbox"/> Longer work schedules or more pay periods than usual   |
| <input type="checkbox"/> Seasonal work            | <input type="checkbox"/> Other reason: _____                                    |

4. Did you have ANY occupational injuries or illness during 1999?

- ☐ Yes. Go to the next section, *Tell us about the injuries and illnesses during 1999*.
- ☐ No. Go to *Sign This Form* on the back cover.

## Tell us about the injuries and illnesses during 1999

If you had occupational injuries or illnesses during 1999, follow these steps.

- Go to your completed 1999 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200) form.
- Look at the total line on the last page.
- Copy the 1999 totals from your OSHA No. 200 form into the columns below. If more than one establishment is noted on the front cover under *Reporting Site*, add together the total lines from all your OSHA No. 200 forms to get the 1999 totals for all establishments. Then copy those totals into the columns below.

### Total Injuries

Copy these totals from columns (1) – (6):

Deaths as a result of injury (column 1)	Injuries with days away from work, or restricted workdays or both (column 2)	Injuries with days away from work (column 3)	Total days away from work (column 4)	Total days of restricted work activity (column 5)	Injuries without lost workdays (column 6)
_____	_____	<b>_____</b>	_____	_____	_____

### Total Types of Illnesses

Copy these totals from columns (7a) – (7g):

Skin diseases or disorders (column 7a)	Dust diseases of the lungs (column 7b)	Respiratory conditions due to toxic agents (column 7c)	Poisoning (column 7d)	Disorders due to physical agents (column 7e)	Disorders associated with repeated trauma (column 7f)	Other occupational illnesses (column 7g)
_____	_____	_____	_____	_____	_____	_____

### Total Illnesses

Copy these totals from columns (8) – (13):

Deaths as a result of illness (column 8)	Illnesses with days away from work, or restricted workdays or both (column 9)	Illnesses with days away from work (column 10)	Total days away from work (column 11)	Total days of restricted work activity (column 12)	Illnesses without lost workdays (column 13)
_____	_____	<b>_____</b>	_____	_____	_____

## What's next

Look at the totals you copied into columns (3) and (10) above (look for the bold lines).

- If you had NO cases in both columns (3) and (10), you are finished with the survey. Go to *Sign This Form* on the back cover.
- If you HAD cases in either column (3) or column (10), go to *Part 2: Reporting Cases with Days Away from Work*.

## Part 2: Reporting Cases with Days Away from Work

This part of the survey tells us about individual injuries and illnesses that resulted in an employee's being away from work. It contains several copies of the form *Case with Days Away from Work*.

To answer the questions on that form, you'll need

- ▶ your completed copy of the 1999 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200), and
- ▶ your completed copies of supplementary documents about the case, such as a workers' compensation report, an accident report, an insurance form, or the *Supplementary Record of Occupational Injuries and Illnesses* (OSHA No. 101).

### Which cases should you report?

To identify the individual cases to report, follow these steps.

- 1 Go to your completed 1999 OSHA No. 200 form. If more than one establishment is noted on the front cover under **Reporting Site**, be sure to look at all your OSHA No. 200 forms to find the cases to report.

- 2 Step 2 does not apply to your establishment. Skip to Step 3.

- 3 Mark each case that has a check in either column (3) or column (10). These are the **only** cases you should report.

We have designed this survey to ensure that you don't have to report more than approximately 30 cases. If you find you have significantly more, please go to *If You Need Help . . .* at the back of this package and call the phone number listed for your State for assistance.

- 4 Fill out one *Case with Days Away from Work* form for each case that you found in Step 3. You can take most of the information from a supplementary document such as a workers' compensation report, an accident report, an insurance form, or the *Supplementary Record of Occupational Injuries and Illnesses* (OSHA No. 101).

(If you need more *Case with Days Away from Work* forms, you may either photocopy a blank one or go to *If You Need Help . . .* at the back of this package and call the phone number listed for your State.)

- 5 When you have finished, go to *Sign This Form* on the back cover.

## Case with Days Away from Work

Tell us about a 1999 occupational injury or illness **only** if it resulted in days away from work. To find out which cases you should report, read the instructions at the beginning of **Part 2: Reporting Cases with Days Away from Work**. We will keep all information that you give us confidential.

### Tell us about the case

Go to your completed OSHA No. 200 form. Copy the case information from that form into the columns below.

		Injury		Illness	
Date of injury or illness (column B)	Employee's last name, first initial (column C)	Days away from work (column 4)	Days of restricted work activity (column 5)	Days away from work (column 11)	Days of restricted work activity (column 12)
/ / 99 month day year					

If, as a result of the injury or illness, the employee did NOT return to work in any capacity in 1999, tell us why.

☐ Still recovering; approximate return date / / 2000  
month day year

☐ Other, **examples:** retired, resigned, permanently (total) disabled: \_\_\_\_\_

### Tell us about the employee

Please answer the questions below.

1. Employee's approximate length of service at this establishment when the incident occurred (optional)

- ☐ Less than 3 months  
☐ From 3 to 11 months  
☐ From 1 to 5 years  
☐ More than 5 years

2. Employee's race or ethnic background (optional)

- ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic  
☐ Asian or Pacific Islander  
☐ American Indian, Aleut, or Eskimo

You may either answer the next questions or attach a copy of a supplementary document that answers them.

3. Employee's age \_\_\_\_\_ OR date of birth / /  
month day year

4. Employee's sex

- ☐ Male  
☐ Female

5. Employee's occupation \_\_\_\_\_

Be specific and describe the occupation. Do not use a general term such as "maintenance". **Examples:** "auto mechanic", "janitor."

### Tell us about the incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. **What was the employee doing just before the incident occurred?**

Tell us about the activity as well as the tools, equipment, or material the employee was using. Be specific. **Examples:** "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

7. **What happened?** Tell us how the injury or illness occurred.

**Examples:** "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

8. **What was the injury or illness?** Tell us the part of the body that

was affected and how it was affected; be more specific than "hurt," "pain," or "sore." **Examples:** "strained back"; "chemical burn, hand"; "tendinitis, elbow"; "carpal tunnel syndrome."

9. **What object or substance directly harmed the employee?**

**Examples:** "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

## Sign This Form

Fill in the name, title, and phone number of the person we should call with questions about the survey. Then date and sign the form.

\_\_\_\_\_  
Printed name

( ) \_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Ext.

( ) \_\_\_\_\_  
Fax number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date

Use the return envelope to send us the **entire package** — everything that we sent you — within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for *Address for Return Envelope*).

## If You Need Help . . .

If you have any questions or if you need help completing the survey, call the phone number that is listed below for your State. The phone number may be for an office outside of your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

### A - H

**Alabama** (334) 242-3460  
(334) 240-3417 fax

**Alaska** (907) 465-6034  
1-800-325-9872 fax

**Arizona** (602) 542-3739

**Arkansas** (501) 682-4542  
(501) 682-4754 fax

**California** (415) 703-3020  
(415) 703-3029 fax

**Colorado** (816) 426-4599  
(816) 426-7774 fax

**Connecticut** (860) 566-4380  
(860) 566-1731 fax

**Delaware** (302) 761-8223, 8221

**District of Columbia**  
(215) 596-1162

**Florida** (850) 922-8953

**Georgia** (404) 651-7514, 7557  
(404) 651-7573 fax

**Guam** (671) 475-0168  
(671) 475-0166 fax

**Hawaii** (808) 586-9001  
(808) 586-9022 fax

### I - M

**Idaho** (415) 975-4473

**Illinois** (217) 524-2098  
(217) 524-1770 fax

**Indiana** (317) 232-2668  
(317) 233-3790 fax

**Iowa** (515) 281-3661  
(515) 242-5076 fax

**Kansas** (785) 296-5642  
(785) 291-3612 fax

**Kentucky** (502) 564-3070  
ext. 276, 278, 279  
(502) 564-1682 fax

**Louisiana** (225) 342-3126  
(225) 342-3269 fax

**Maine** (207) 624-6444  
(207) 624-6449 fax

**Maryland** (410) 767-2373  
(410) 767-2003 fax

**Massachusetts** (617) 727-3593,  
3594; (617) 727-0726, 5726 fax

**Michigan** (517) 322-1848  
(517) 322-5117 fax

**Minnesota** (651) 297-7428

**Mississippi** (404) 562-2518  
(404) 562-2542 fax

**Missouri** (573) 751-2663  
(573) 751-7160 fax

**Montana** (406) 444-2430  
(406) 444-2638 fax

### N - P

**Nebraska** (402) 471-3547  
(402) 471-2700 fax

**Nevada** (775) 687-3298

**New Hampshire** (617) 565-2302

**New Jersey** (609) 292-8999  
(609) 633-0618 fax

**New Mexico** (505) 827-4230  
(505) 476-8566 fax

**New York** (212) 352-6690  
(212) 353-6711 fax

**North Carolina** (919) 733-2758

**North Dakota** (312) 353-7253  
(312) 353-7230 fax

**Ohio** (312) 353-7253  
(312) 353-7230 fax

**Oklahoma** (405) 528-1500 ext. 257  
(405) 528-5751 fax

**Oregon** (503) 378-8254  
(503) 378-3134 fax

**Pennsylvania** (215) 596-1162

**Puerto Rico** (787) 765-4687

### R - W

**Rhode Island** (401) 222-5043  
(401) 222-2731 fax

**South Carolina** (803) 734-9653, 9654

**South Dakota** (312) 353-7253  
(312) 353-7230 fax

**Tennessee** (615) 741-1748  
(615) 253-3612 fax

**Texas** (512) 440-3852

**Utah** (801) 530-6881, 6823  
(801) 536-7906 fax

**Vermont** (802) 828-5076

**Virgin Islands**  
(340) 776-3700 ext. 2040  
(340) 774-5908 fax

**Virginia** (804) 786-8011  
(804) 786-8418 fax

**Washington** (360) 902-5640  
(360) 902-5529 fax

**West Virginia** (304) 558-3322

**Wisconsin** (800) 884-1273  
(608) 267-0394 fax

**Wyoming** (816) 426-4599  
(816) 426-7774 fax